N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30666

1927

1. PLACE OF DEATH

County Jackson &
Township Washington
City Kansas City (No. 1806-E-81 St. Ward)

Registration District No. ~~5558~~ 404
Primary Registration District No. Sp ~~404~~ 5558
Registered No. 104

2. FULL NAME Sara E. Guernsey

(a) Residence. No. 1806-E-81st St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Franklin Guernsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 26 - 1855

7. AGE: Years 72 | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

PARENTS
10. NAME OF FATHER: — Dayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT: G. D. Guernsey
(Address) 1806-E-81st

15. FILED 10-18, 1927 Fred R. Lindsey, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Oct. 17, 1927, that I last saw her alive on Oct 17, 19..., and that death occurred, on the date stated above, at 12:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute cardiac dilatation
107 A
95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. Jones, M. D
10/17, 1927 (Address) 80 [illegible] Paris

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Stafford, Kansas
DATE OF BURIAL: 10/18 1927

20. UNDERTAKER: R. Lindsey Sons
ADDRESS: City